

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90135 024 ***150.00

DOCUMENT # P99000097076

1. Entity Name

FANNIE'S LAWN SERVICE, INC.

Principal Place of Business

3512 ALDERMAN STREET
SARASOTA FL 34237

Mailing Address

3512 ALDERMAN STREET
SARASOTA FL 34237-8302

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0959838

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TROYER, PAMELA
7543 N. LEEWYNN DR.
SARASOTA FL 34240

7. Name and Address of New Registered Agent

Name Fannie Miller

Street Address (P.O. Box Number is Not Acceptable)

3512 Alderman St

City Sarasota

FL

Zip Code 34237

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Fannie Miller*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-13-00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME MILLER, FANNIE
STREET ADDRESS 3512 ALDERMAN STREET
CITY-ST-ZIP SARASOTA FL 34237

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Fannie Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00

Date

Daytime Phone #

CR2E034 (9/99)